

FOSTER HOME INFORMATION FOR WiSACWIS

Use of form: This form is required by Federal Register, 45 CFR, 1355.40, to be completed by Child Placing Agencies for Title IV-E foster home and treatment foster home monitoring and auditing purposes and for entering information into the Wisconsin Automated Child Welfare Information System (WiSACWIS). Personally identifiable information including social security number, will be used for identification purposes only.

TO: Title IV-E Licensing Specialist Southern Regional Office 2917 International Lane, Suite 300 Madison, WI 53704	FROM: (Licensing Agency)
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A. FOSTER PARENT(S) INFORMATION

Foster Parent 1 – Name (Last, First, Middle)			Relationship to Child (e.g., foster parent / relative)	
Address (City, State, Zip Code)			Telephone Number	Birthdate (mm/dd/yyyy)
Social Security Number	Marital Status	Race	Foster Parent of Hispanic Origin <input type="checkbox"/> Yes <input type="checkbox"/> No	
Foster Parent 2 – Name (Last, First, Middle)			Relationship to Child (e.g., foster parent / relative)	
Address (City, State, Zip Code)			Telephone Number	Birthdate (mm/dd/yyyy)
Social Security Number	Marital Status	Race	Foster Parent of Hispanic Origin <input type="checkbox"/> Yes <input type="checkbox"/> No	

B. TYPE OF CARE

<input type="checkbox"/> Foster Family Care <input type="checkbox"/> Treatment Foster Care	County Where Foster Parent(s) Resides
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C. TYPE OF LICENSE

<input type="checkbox"/> Initial <input type="checkbox"/> Renewal <input type="checkbox"/> Amended <input type="checkbox"/> Revoked <input type="checkbox"/> Closed

AMENDED If license amended – effective date: (mm/dd/yyyy)

Reason license amended:

REVOKED If license revoked – effective date: (mm/dd/yyyy) Attach revocation letter sent to the Foster Parent(s)

Reason license revoked:

CLOSED If license closed – effective date: (mm/dd/yyyy)

Reason license closed:

- ☐ Provider no longer interested
☐ Provider went to another agency
☐ Provider moved
☐ Other – Specify.

“HOLD” ☐ Yes ☐ No Has license been placed on “hold” status? If “Yes”, effective date: (mm/dd/yyyy)

Attach letter sent to the Foster Parent(s).

Reason license on “hold” status:

☐ Yes ☐ No Has license had a “hold” status lifted? If “Yes”, effective date: (mm/dd/yyyy)

Attach letter sent to the Foster Parent(s).

Reason “hold” status lifted: